



MINNESOTA DEPARTMENT OF COMMERCE
Commerce & Industry Services
85 7th Place East, Suite 500 • St. Paul, MN 55101-2198

Vehicle Protection Product Warrantors Registration Application

Registration Fee = \$250

1. Name of warrantor: _____
Principal business street address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Email Address: _____
Telephone Number: (____) _____ Fax: (____) _____
2. Domicile and date of incorporation of warrantor: _____
3. Name and contact information for warrantor's representative that will be handling inquiries in vehicle protection product warranty sold in Minnesota (if different than contact person listed in item one):

Name: _____ Email Address: _____
Principal business street address: _____
City: _____ State: _____ Zip: _____
Telephone Number: (____) _____ Fax: (____) _____
4. Name and contact information of administrator(s) of vehicle protection products (if any are appointed):

5. List the parent company and any affiliate entities of the warrantor engaged in the service contract business:

(Attach additional sheets if necessary)
6. List the states in which warrantor is, or has been at any time engaged in this type of business

7. Are there any formal or informal regulatory actions by any governmental agency that are pending or that have been taken against the warrantor within the last ten years?

☐ YES

☐ NO If yes, attach a detailed explanation of the action.

8. Identify how the warrantor intends to meet Minn. Stat. § 59C.05

- a. ☐ The warrantor will purchase a warranty reimbursement insurance policy that complies with Minn. Stat. § 59C.06. Please attach a copy of the policy and a statement signed by the authorized representative of the insurance company issuing the attached policy that it does comply with the requirements of Minn. Stat. § 59C.06; OR
- ☐ The warrantor or its parent company has net worth of \$50,000 or more. Submit the most recent Form 10-K or Form 20-F or most recent audited financial statement of the warrantor or the warrantor's parent company as required under Minn. Stat. § 59C.05 subd. 3. Sign and submit the parental guarantee if applicable.

9. Attach a check for \$250 payable to the Minnesota Department of Commerce.

CERTIFICATION

With knowledge of the penalties for false statements, I certify that all information submitted on this application is true and correct and that:

- **THE UNDERSIGNED IS AUTHORIZED TO SIGN ON BEHALF OF THE APPLICANT.**
- **APPLICANT WILL COMPLY WITH THE MINNESOTA VEHICLE PROTECTION ACT (MINN. STAT. CHAPTER 59C) AND ANY NON-MOTOR VEHICLE SERVICE CONTRACTS SOLD IN MINNESOTA WILL MEET ALL REQUIREMENTS SET FORTH IN THE LAW.**
- **APPLICANT AGREES TO MAKE AVAILABLE ALL RECORDS REQUIRED TO BE MAINTAINED UNDER THE ACT.**
- **APPLICANT HAS AND WILL MAINTAIN THE FINANCIAL REQUIREMENTS PURSUANT TO MINN. STAT. § 59C, SUBD. 3**

Name of Company/Applicant

Date: _____

By: _____
(Name of Officer)

Title: _____

(Signature of Officer)

Revised 10/09